

## Scoil Mhichíl Cahermurphy School Enrolment/Admissions Form

**Note: All forms must be completed in full and returned to the school, along with a Birth Certificate.**

<b>Name of Child (in full, as on Birth Certificate):</b>	
<b>Address at which child resides:</b>	
<b>Telephone No:</b>	
<b>Date of Birth:</b>	<b>Date enrolled</b>
<b>Class enrolled in :</b>	<b>PPS No.</b>
<b>Nationality:</b>	<b>Country of Birth:</b>
<b>If not born in Ireland, date on which child arrived in Ireland:</b>	
<b>Mother's Nationality:</b>	<b>Father's Nationality:</b>

**\*If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

<b>Father's Name:</b>	
<b>Work telephone No:</b>	<b>Mobile No:</b>
<b>Mother's Name:</b>	
<b>Work telephone No:</b>	<b>Mobile No:</b>
<b>Guardian's Name:</b>	
<b>Work telephone No:</b>	<b>Mobile No:</b>
<b>Is the child living with both parents :</b>	
<b>Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) _____</b>	
<b>Number of children in the family: _____</b>	
<b>Religious denomination:</b>	
<b>Did you child attend preschool:</b>	<b>For how long:</b>
<b>Where?</b>	
<b>At what age did your child begin to speak:</b>	
<b>Does he/she speak well?</b>	
<b>Has you child ever had a psychological assessment?</b>	
<b>Has your child ever received a speech and language report?</b>	
<b>Name of brother/sister in this school:</b>	
<b>Class:</b>	

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

**Person who usually collects child(ren)**

\_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

# Scoil Mhichíl Cahermurphy

## School Enrolment/Admissions Form

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

**Other relevant information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

**If my child gets sick, or the school has to close unexpectedly, etc** and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

### **Person the school will contact:**

1 \_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel/mobile:** \_\_\_\_\_

**Tel/mobile:** \_\_\_\_\_

### **Medical Emergency/Accident**

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

**Signed (Parent/Guardian)** \_\_\_\_\_

### **Family Doctor:**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems or fears which may affect your child at school?**

\_\_\_\_\_

\_\_\_\_\_

# Scoil Mhichíl Cahermurphy

## School Enrolment/Admissions Form

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

The school teaches 'Stay Safe' lessons on personal safety and RSE lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Can your child participate in these lessons.

Permission granted       Permission not granted

Parents Signature: \_\_\_\_\_

Screening Tests are carried out in the school on all children from Infants to 6<sup>th</sup> Class. I allow my child to do these tests.

Parents Signature: \_\_\_\_\_

During your child's time in Scoil Mhichil, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parents Signature: \_\_\_\_\_

I give permission to allow my child to attend the Learning Support/Special Education teacher if deemed necessary.

Parents Signature: \_\_\_\_\_

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parents Signature: \_\_\_\_\_

Do you consent to your child going on school tours, local educational visits/field trips and participating in school activities( e.g matches, communion/confirmation practices etc.)

Permission granted       Permission not granted

Parents Signature: \_\_\_\_\_

Has your child being immunised against childhood illnesses?

Yes       No

If "no" please specify

# Scoil Mhichíl Cahermurphy School Enrolment/Admissions Form

Is your child a good eater? **Yes**  **No**

Is your child good to work independently? **Yes**  **No**

Is your child sensitive? **Yes**  **No**

If yes what about?

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Is your child good to mix socially? \_\_\_\_\_

Is your child fair to siblings? \_\_\_\_\_

Is your child right handed of left-handed? \_\_\_\_\_

## **Do you consent to sending your child to swimming lessons?**

**Permission Granted**

**Permission not Granted**

**N.B** In the event of my child needing assistance changing before/ after swimming lessons, I give permission to the teacher /SNA or staff member to assist my child, in accordance with our Child Safeguarding Statement

**Permission Granted**

**Permission Not Granted**

**Parents Signature:** \_\_\_\_\_

- From time to time, we publish photos of students in local newspapers .We are seeking your permission to publish photos of your child should the occasion arise.

**Permission granted**  **Permission not granted**

- **Website/Social Media :** It is the school's policy to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on the school website and Facebook Page. Best practice as stated on our 'Acceptable Internet Use Policy' will always be followed. At no stage will your child be identified by name. Usually children will only be pictured at a distance or in groups. Do you agree to the school using your child's image in this way?
- **Permission granted**  **Permission not granted**

**Parents Signature:** \_\_\_\_\_

**Computers and internet** access in all classrooms give the pupils a very powerful tool for learning. The school has a very comprehensive Acceptable Usage Policy for the use of these tools, and we are asking you to grant consent for your child to use the computers in the school in accordance with those guidelines. We are seeking your consent for your child/ren's access to the internet, and for any work to be published, in line with our policies.

**Permission granted**  **Permission not granted**

**Parents Signature:** \_\_\_\_\_

# Scoil Mhichíl Cahermurphy School Enrolment/Admissions Form

**CHILD'S BIRTH CERT:** Please send in original, we will photocopy and return original.

Parent/ Legal Guardian (1) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian (2) \_\_\_\_\_ Date: \_\_\_\_\_

I wish to enrol my child on (date) \_\_\_\_\_

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **Primary Online Database (POD)**

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database allows the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting.

The database will hold data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Birth Surname, Address (including Eircode), Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if

# Scoil Mhichíl Cahermurphy School Enrolment/Admissions Form

so the reason for same, and whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school.**

**Class Name** \_\_\_\_\_

**Current Standard**

Junior Infants  Senior Infants  First Class

Second Class  Third Class  Fourth Class

Fifth Class  Sixth Class  Special Class

**Pupil Forename:** \_\_\_\_\_

**Pupil Surname:** \_\_\_\_\_

**PPSN of Pupil** \_\_\_\_\_

**Mother's Birth Surname** \_\_\_\_\_

**Pupil's Date of Birth** \_\_\_\_\_

**Pupil's Gender:** Male  Female

**Birth Cert Forename** (if different from name above)  
\_\_\_\_\_

**Birth Cert Surname** (if different from name above)  
\_\_\_\_\_

**Pupil Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eircode**

**County** \_\_\_\_\_

(See <https://finder.eircode.ie/> for Eircode)

**Nationality** \_\_\_\_\_

(In the case of dual citizenship, please specify both nationalities)

**Signed:** \_\_\_\_\_

**Parent/Guardian**

**Date:** \_\_\_\_\_



**Scoil Mhichíl Cahermurphy  
School Enrolment/Admissions Form**

**To be completed if your child is transferring from another  
Primary School**

**Previous School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**What class was your child in when he/she left the school?** \_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_

**Have you enclosed a copy of the most recent school report and attendance record?**

Yes  No

**N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school.**

**Note: We require reports from previous schools in order to meet the needs of your child.**

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

\_\_\_\_\_  
\_\_\_\_\_

Has your child any physical or mental disabilities? If so are there any specific equipment/ resources that the school will require for your child?

\_\_\_\_\_